



TESTIMONY

Submitted by Chris Kibbie

Appropriations Public Hearing on the Governor's Proposed FY 23 Budget Adjustments for Human Services Agencies

February 23, 2022

Hello my name is Chris Kibbie. Thank you Honorable Appropriations Committee for your time and attention. I am here to give my testimony regarding my experience with home health nursing care.

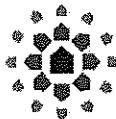
A little bit about me ... I am 54 years old, reside in Wallingford and am a Texas Transplant. I have resided in Connecticut for 20 years. I am legally disabled as of 2007 and my diagnoses include Bipolar and PTSD. I am also an alcoholic with 20 years sober in AA. I have been hospitalized over the years to impart medication changes and also due to deteriorations in my mental health.

In 2007, following a lengthy mental health hospitalization, home nursing visits on a daily basis were recommended for me by my treating psychiatrist. I welcomed the support. A Visiting Nurse stopped by my home every morning, took my vitals, inquired how I was feeling both physically and mentally, and administered my medications. The Nurse also made sure to deliver and refill my medications and acted as an intermediary between my medical team and my family, who do not live close by. Those daily interactions ensured that I had taken my medications exactly as prescribed, addressed any changes, answered my questions, gave me peace of mind and gave me the social interaction with a treating medical professional on a daily basis.

I have had visiting nurses on and off over a 15-year period, both in my private home and in a private sober house. I have learned over the years of living with mental health challenges that recovery is a moving target because it often includes a chemical imbalance. Meds need to be adjusted, vitals need to be monitored daily, side effects need to be addressed and managed, medication must be taken exactly as prescribed and nonprescription and OTC meds need to be available to the patient. Even then, periodic hospitalizations may be necessary.

One of the bonuses of home health nursing is that they can both intervene and interpret when these situations arise far in advance of the patient and bridge the gap between psychiatric and therapy appointments. Hospitalizations, just like mental health deterioration, can be traumatic for the patient. Being removed from society can be scary, stable housing may be compromised and it very often instills feelings of guilt and worthlessness and feels like a major setback to the patient. There are adjustments and often side effects to new medications.

Home health nurses are there, day in and day out in all types of weather, to ensure safety and continuity of care for their patients, a security net and a seamless transition. I am so deeply grateful for the many nurses and home health aides who have been there for me over the years. Their services have been both a labor of love and invaluable to my quality of life. When experiencing periods of manic or depressive swings, home health nurses reminded me to eat and hydrate because I often forgot. They ensured I had appropriate food and nutrition.



I currently reside alone, work part time and am an active volunteer in my community. Without benefit of these nurses and my sober community, I would not be able to live and work and give back independently, and I would not have my 20 years of sobriety. It is an honor and a privilege to tell my story today.

I humbly ask that you consider including a 10.5% increase to the Behavioral Health nursing medication administration visit. This in addition to the recent 4.5% increase will bring agency rates for this specialty back in line with the 15% cut they received in 2016. This does not include inflationary costs over the past 6 years or the impact of the pandemic.

I am grateful for all of the assistance and support I have received over the years and honored that I am able to speak on this important issue.